

Glossary of Common Terms

Activities of daily living (ADL)

Activities of daily living are activities relating to the performance of self care, including dressing, feeding or eating, grooming and mobility.

Adult family homes (AFH)

An adult family home is a place where three or four adults who are not related to the operator reside and receive care, treatment, or services that are above the level of room and board and that may include up to seven hours of nursing care per week, per resident. These homes are licensed under chapter HFS 88, Wis. Admin. Code.

Community-Based Residential Facility (CBRF)

A community-based residential facility is a place where five or more adults who are not related to the operator or administrator and who do not require care above intermediate level nursing care reside and receive care, treatment, or services. These would be services above the level of room and board but that include no more than three hours of nursing care per week, per resident. Refer to s. 50.01(1g), Wis. Stats., and HFS 83.03, Wis. Admin. Code, for more information.

Covered service

A covered service is a service, procedure, item or supply for which Medicaid reimbursement is available, provided to a Medicaid recipient by a Medicaid-certified provider qualified to provide the particular service, procedure, item or supply or under the supervision of a certified and qualified provider.

Disposable medical supplies (DMS)

Disposable medical supplies are medically necessary items, which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable.

Duplicative services

Duplicative services occur when a provider is performing and being reimbursed for the same service as another provider, family member, or other party.

Durable medical equipment (DME)

Durable medical equipment is equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury, and is appropriate for use

in the home (examples - wheelchairs, hospital beds, and side rails).

Home health (HH) agency

A home health agency is a Medicaid-certified public agency or private organization, or a subdivision of the agency or organization, which is primarily engaged in providing skilled nursing services and other therapeutic services to a recipient at the recipient's place of residence. Home health agencies are licensed under Chap. 50, Wis. Stats., and HFS 133, Wis. Admin. Code.

Housekeeping activities

For the purpose of Medicaid reimbursement, housekeeping activities are light cleaning in essential areas of the home used during personal care service activities (i.e., kitchen cleanup following meal preparation), meal preparation, food purchasing and meal serving, changing the recipient's bed, and laundering the bed linens and the recipient's personal clothing.

Medical necessity

Medical necessity is medical assistance service under ch. HFS 107, Wis. Admin. Code, that is:

- (a) Required to prevent, identify or treat a recipient's illness, injury or disability, and:
- (b) Meets the following standards:
 - 1. Is consistent with the recipient's symptoms or with prevention, diagnosis or treatment of the recipient's illness, injury or disability.
 - 2. Is provided consistent with standards of acceptable quality of care applicable to the type of service, the type of provider and the setting in which the service is provided.
 - 3. Is appropriate with regard to generally accepted standards of medical practice.
 - 4. Is not medically contraindicated with regard to the recipient's diagnoses, the recipient's symptoms or other medically necessary services being provided to the recipient.
 - 5. Is of proven medical value or usefulness and, consistent with s. HFS 107.035, is not experimental in nature.
 - 6. Is not duplicative with respect to other services being provided to the recipient.
 - 7. Is not solely for the convenience of the recipient, the recipient's family or a provider.
 - 8. With respect to prior authorization of a service and to other prospective coverage

Glossary (continued)

determinations made by the department, is cost-effective compared to an alternative medically necessary service, which is reasonably accessible to the recipient.

9. Is the most appropriate supply or level of service that can safely and effectively be provided to the recipient.

Medicare

Medicare is a national health insurance program for people 65 years of age and older, certain younger people with disabilities, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Personal care worker (PCW)

A personal care worker is an individual employed by a personal care provider certified under HFS 105.17, Wis. Admin. Code, or under contract to the personal care provider to provide personal care services under the supervision of a registered nurse.

Prior authorization (PA)

Prior authorization is the authorization issued by the Department of Health and Family Services to a provider before the provision of a service. Specific PA criteria are covered in the Prior Authorization section of this handbook.

Plan of Care (POC)

A written plan of care for a recipient is developed by a registered nurse based on physician orders in collaboration with the recipient/family, and approved by the physician. The purpose of the POC is to provide necessary and appropriate services, allow appropriate assignment of a PCW, set standards for personal care activities, and give full consideration to the recipient's preferences for service arrangements and choice of PCWs. The POC is based on a visit to the recipient's home and includes a review and interpretation of the physician's orders; evaluation of the recipient's needs and preferences; assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language; and the frequency and anticipated duration of service.

Provider

A personal care provider is an HH agency, county department, independent living center, tribe, or public

health agency that has been certified by Wisconsin Medicaid to provide personal care services to recipients and to be reimbursed by Wisconsin Medicaid for those services.

Recipient

A recipient is a person who is enrolled in Medicaid and is eligible to receive benefits under Medicaid.

Registered nurse (RN)

A registered nurse is a person who holds a current Wisconsin license as a registered nurse under ch. 441, Wis. Stats., or, if practicing in another state, is licensed with the appropriate licensing agency in that state.

Residential care apartment complex (RCAC)

A residential care apartment complex is a place where five or more adults reside that consists of independent apartments, each of which has an individual lockable entrance and exit, a kitchen, including a stove, individual bathroom, sleeping and living areas and that provides to a person who resides in the place, not more than 28 hours per week of services that are supportive, personal, and nursing services. RCACs are required to adhere to HFS 89, Wis. Admin. Code.

Supervision

Supervision of personal care services is required to be performed by a qualified RN who reviews the Plan of Care (POC), evaluates the recipient's condition, and observes the personal care worker (PCW) performing assigned tasks at least every 60 days. Supervision requires intermittent face-to-face contact between supervisor and assistant and regular review of the assistant's work by the supervisor according to HFS 101.03(173), Wis. Admin. Code. Supervisory review includes:

- A visit to the recipient's home.
- Review of the PCWs daily written record.
- Discussions with the physician of any necessary changes in the POC, according to HFS 107.112(3)(c), Wis. Admin. Code.

Travel time

Travel time is the time spent traveling to and from the recipient's residence and the previous or following personal care appointment, the PCW's residence, or the provider's office.